



WISPAN Scholarship/Grant Application

Name _____

Address _____

Phone: Home _____ Work _____

Email: _____

Employer Name _____

Employer Address _____

WISPAN / ASPAN Member number _____

Certified? CPAN _____ CAPA _____

Scholarship/Grant (Choose one)

_____ CPAN/CAPA Certification _____ ASPAN National Conference

_____ CPAN/CAPA Recertification _____ WISPAN Seminar

_____ Mission Nursing Grant _____ Continuing Education

Continuing Education Applicants List Program _____

Service to WISPAN (past 5 years)

Executive Board of Directors (title and year) _____

Board Member (title and number of years) _____

Scholarship Director (number of years) _____

Published Articles (title, publication, date) _____

WISPAN/ASPAN Seminar committee (past 5 years)

List whether chairperson or committee member _____

Local Program (past 5 years)

List whether chairperson or committee member _____

Speaker at Conference/Seminar program (past 5 years)

List date and topic _____

Number of Conferences attended (past 5 years)

ASPAN _____

WISPAN _____

Mission Nursing Grant: Submit a brief description of trip, significant experiences, and cost. Attach a letter of confirmation from the sponsoring organization.

Recipients of ASPAN National Conference Scholarships and recipients of the Mission Nursing Grant are required to submit an article to be published in the AWAKENING.

Signature _____ Date _____

Submit to:

Mimi Spence

5301 South Magellan Drive

New Berlin, WI 53151

Email: Mimi_spence@sbcglobal.net

Home phone: 414-427-9153

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